WAC 296-62-07741 Appendix D--Medical questionnaires--Mandatory. This mandatory appendix contains the medical questionnaires that must be administered to all employees who are exposed to asbestos, tremolite, anthophyllite, and actinolite, or a combination of these minerals above the permissible exposure limit (0.1 f/cc), and who will therefore be included in their employer's medical surveillance program. Part 1 of the appendix contains the initial medical questionnaire, which must be obtained for all new hires who will be covered by the medical surveillance requirements. Part 2 includes the abbreviated periodical medical questionnaire, which must be administered to all employees who are provided periodic medical examinations under the medical surveillance provisions of the standard.

PART 1
INITIAL MEDICAL QUESTIONNAIRE

1. NAME _____
2. SOCIAL SECURITY # … … … … … … … … … …
   1 2 3 4 5 6 7 8 9
3. CLOCK NUMBER … … … … … …
   10 11 12 13 14 15
4. PRESENT OCCUPATION _____
5. PLANT _____
6. ADDRESS _____
7. _____
   (Zip Code)
8. TELEPHONE NUMBER _____
9. INTERVIEWER _____
10. DATE _____ … … … … … …
    16 17 18 19 20 21
11. Date of birth …….. … … … … … …
    Month Day Year 22 23 24 25 26 27
12. Place of birth _____
13. Sex 1. Male _____
    2. Female _____
14. What is your marital status? 1. Single _____ 4. Separated/
    2. Married _____ Divorced _____
    3. Widowed _____
15. Race 1. White _____ 4. Hispanic _____
    2. Black _____ 5. Indian _____
    3. Asian _____ 6. Other_____
16. What is the highest grade completed in school? _____
    (For example 12 years is completion of high school)

OCCUPATIONAL HISTORY

17A. Have you ever worked full time (30 hours per week or more) for 6 months or more? 1. Yes_____ 2. No _____

If yes to 17A:

B. Have you ever worked for a year or more in any dusty job? 1. Yes _____ 2. No _____ 3. Does not apply _____
   Specify job/industry Total years worked _____
   Was dust exposure: 1. Mild _____ 2. Moderate _____3. Severe _____

C Have you ever been exposed to gas or chemical fumes in your work? 1. Yes _____ 2. No _____
   Specify job/industry Total years worked _____
   Was exposure: 1. Mild _____ 2. Moderate _____ 3. Severe _____

D What has been your usual occupation or job--the one you have worked at the longest?
   1. Job occupation
   2. Number of years employed in this occupation

3. Position/job title
4. Business, field or industry

(Record on lines the years in which you have worked in any of these industries, e.g., 1960-1969.)

Have you ever worked:

		YES	NO
E.	In a mine?	☐	☐
F.	In a quarry?	☐	☐
G	In a foundry?	☐	☐
H.	In a pottery?	☐	☐
I.	In a cotton, flax or hemp mill?	☐	☐
J.	With asbestos?	☐	☐

18. **PAST MEDICAL HISTORY**

		YES	NO
A.	Do you consider yourself to be in good health?	☐	☐
	If "no" state reason		
B.	Have you any defect in vision?	☐	☐
	If "yes" state nature of defect _____		
C.	Have you any hearing defect?	☐	☐
	If "yes" state nature of defect _____		
D.	Are you suffering from or have you ever suffered from:		
	a. Epilepsy (or fits, seizures, convulsions)?	☐	☐
	b. Rheumatic fever?	☐	☐
	c. Kidney disease?	☐	☐
	d. Bladder disease?	☐	☐
	e. Diabetes?	☐	☐
	f. Jaundice	☐	☐

19. **CHEST COLDS AND CHEST ILLNESSES**

19A. If you get a cold, does it usually go to your chest? (Usually means more than 1/2 the time.) 1. Yes _____ 2. No _____ 3. Don't get colds _____

20A. During the past 3 years, have you had any chest illnesses that have kept you off work, indoors at home, or in bed? 1. Yes _____ 2. No _____

If yes to 20A:

B Did you produce phlegm with any of these chest illnesses? 1. Yes _____ 2. No _____ 3. Does not apply _____

C. In the last 3 years, how many such illnesses with (increased) phlegm did you have which lasted a week or more? Number of illnesses _____ No such illnesses _____

21. Did you have any lung trouble before the age of 16? 1. Yes _____ 2. No_____

22. Have you ever had any of the following?

1A Attacks of bronchitis? 1. Yes _____ 2. No _____

If yes to 1A:

B. Was it confirmed by a doctor? 1. Yes _____ 2. No _____ 3. Does not apply _____

C. At what age was your first attack? Age in years _____ Does not apply _____

2A. Pneumonia? (include broncho-pneumonia) 1. Yes ____ 2. No _____

If yes to 2A:

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	B.	Was it confirmed by a doctor?	1. Yes _____ 2. No_____ 3. Does not apply _____
	C.	At what age did you first have it?	Age in years _____ Does not apply _____
	3A.	Hay fever?	1. Yes _____ 2. No _____
		If yes to 3A:	
	B.	Was it confirmed by a doctor?	1. Yes _____ 2. No _____ 3. Does not apply _____
	C.	At what age did it start?	Age in years _____ Does not apply _____
23A.		Have you ever had chronic bronchitis?	1. Yes _____ 2. No _____
		If yes to 23A:	
	B.	Do you still have it?	1. Yes _____ 2. No _____ 3. Does not apply _____
	C.	Was it confirmed by a doctor?	1. Yes _____ 2. No _____ 3. Does not apply _____
	D	At what age did it start?	Age in years _____ Does not apply _____
24A.		Have you ever had emphysema?	1. Yes _____ 2. No _____
		If yes to 24A:	
	B.	Do you still have it?	1. Yes _____ 2. No _____ 3. Does not apply _____
	C.	Was it confirmed by a doctor?	1. Yes _____ 2. No _____ 3. Does not apply _____
	D.	At what age did it start?	Age in years _____ Does not apply _____
25A.		Have you ever had asthma?	1. Yes _____ 2. No _____
		If yes to 25A:	
	B.	Do you still have it?	1. Yes _____ 2. No _____ 3. Does not apply _____
	C.	Was it confirmed by a doctor?	1. Yes _____ 2. No _____ 3. Does not apply _____
	D.	At what age did it start?	Age in years _____ Does not apply _____
	E.	If you no longer have it, at what age did it stop?	Age stopped _____ Does not apply _____
26.		Have you ever had:	
	A.	Any other chest illness?	1. Yes _____ 2. No _____
		If yes, please specify _____	
	B.	Any chest operations?	1. Yes _____ 2. No _____
		If yes, please specify _____	
	C.	Any chest injuries?	1. Yes _____ 2. No _____
		If yes, please specify _____	
27A.		Has a doctor ever told you that you had heart trouble?	1. Yes _____ 2. No _____
		If yes to 27A:	
	B.	Have you ever had treatment for heart trouble in the past 10 years?	1. Yes _____ 2. No _____ 3. Does not apply _____
28A.		Has a doctor ever told you that you had high blood pressure?	1. Yes _____ 2. No _____
		If yes to 28A:	
	B.	Have you had any treatment for high blood pressure (hypertension) in the past 10 years?	1. Yes _____ 2. No _____ 3. Does not apply _____

29. When did you last have your chest x-rayed? (Year) … … … … 25 26 27 28

30. Where did you last have your chest x-rayed (if known)? What was the outcome? _____

FAMILY HISTORY

31. Were either of your natural parents ever told by a doctor that they had a chronic lung condition such as:

		FATHER			MOTHER		
		1. Yes	2. No.	3. Don't Know	1. Yes	2. No	3. Don't Know
A.	Chronic Bronchitis?	_____	_____	_____	_____	_____	_____
B.	Emphysema?	_____	_____	_____	_____	_____	_____
C.	Asthma?	_____	_____	_____	_____	_____	_____
D.	Lung cancer?	_____	_____	_____	_____	_____	_____
E.	Other chest conditions?	_____	_____	_____	_____	_____	_____
F.	Is parent currently alive?	_____	_____	_____	_____	_____	_____
G.	Please specify	_____ Age if living _____ Age at death _____ Don't know			Age if living _____ Age at death _____ Don't know _____		

H. Please specify cause of death_____

COUGH

32A. Do you usually have a cough? (Count a cough with first smoke or on first going out of doors. Exclude clearing of throat.) (If no, skip to question 32C.) 1. Yes _____ 2. No _____

B. Do you usually cough as much as 4 to 6 times a day 4 or more days out of the week? 1. Yes _____ 2. No _____

C. Do you usually cough at all on getting up or first thing in the morning? 1. Yes _____ 2. No _____

D. Do you usually cough at all during the rest of the day or at night? 1. Yes _____2. No _____

IF YES TO ANY OF ABOVE (32A, B, C, OR D), ANSWER THE FOLLOWING. IF NO TO ALL, CHECK DOES NOT APPLY AND SKIP TO NEXT PAGE

E. Do you usually cough like this on most days for 3 consecutive months or more during the year? 1. Yes _____ 2. No _____ 3. Does not apply _____

F. For how many years have you had the cough? Number of years _____ Does not apply _____

33A. Do you usually bring up phlegm from your chest? (Count phlegm with the first smoke or on first going out of doors. Exclude phlegm from the nose. Count swallowed phlegm.) (If no, skip to 33C.) 1. Yes _____ 2. No _____

B. Do you usually bring up phlegm like this as much as twice a day 4 or more days out of the week? 1. Yes _____ 2. No _____

C. Do you usually bring up phlegm at all on getting up or first thing in the morning? 1. Yes _____ 2. No _____

D. Do you usually bring up phlegm at all during the rest of the day or at night? 1. Yes _____ 2. No _____

IF YES TO ANY OF THE ABOVE (33A, B, C, OR D), ANSWER THE FOLLOWING: IF NO TO ALL, CHECK DOES NOT APPLY AND SKIP TO 34A.

E. Do you bring up phlegm like this on most days for 3 consecutive months or more during the year? 1. Yes _____ 2. No _____ 3. Does not apply _____

F. For how many years have you had trouble with phlegm? episodes of cough and phlegm Number of years_____ Does not apply _____

34A. Have you had periods or episodes of increased*) cough and phlegm lasting for 3 weeks or more each year? 1. Yes _____ 2. No _____

*(For persons who usually have cough and/or phlegm.)

If yes to 34A:

B. For how long have you had at least 1 such episode per year? Number of years _____ Does not apply _____

WHEEZING

35A. Does your chest ever sound wheezy or whistling:

1. When you have a cold? 1. Yes _____ 2. No _____
2. Occasionally apart from colds? 1. Yes _____ 2. No _____
3. Most days or nights? 1. Yes _____ 2. No _____

If yes to 1, 2, or 3 in 35A:

B. For how many years has this been present? Number of years _____ Does not apply _____

36A. Have you ever had an attack of wheezing that has made you feel short of breath? 1. Yes _____ 2. No _____

If yes to 36A:

B. How old were you when you had your first such attack? Age in years _____ Does not apply _____

C. Have you had 2 or more such episodes? 1. Yes _____ 2. No _____ 3. Does not apply _____

D. Have you ever required medicine or treatment for the(se) attack(s)? 1. Yes _____ 2. No _____ 3. Does not apply _____

BREATHLESSNESS

37. If disabled from walking by any condition other than heart or lung disease, please describe and proceed to question 39A.

Nature of condition(s)

38A. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill? 1. Yes _____ 2. No _____

If yes to 38A:

B. Do you have to walk slower than people of your age on the level because of breathlessness? 1. Yes _____ 2. No _____ 3. Does not apply _____

C. Do you ever have to stop for breath when walking at your own pace on the level? 1. Yes _____2. No _____ 3. Does not apply _____

D.	Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level?	1. Yes _____2. No _____ 3. Does not apply _____
E.	Are you too breathless to leave the house or breathless on dressing or climbing one flight of stairs?	1. Yes _____ 2. No _____ 3. Does not apply _____

TOBACCO SMOKING

39A.	Have you ever smoked cigarettes? (No means less than 20 packs of cigarettes or 12 oz. of tobacco in a lifetime or less than 1 cigarette a day for 1 year.)	1. Yes _____ 2. No _____
	If yes to 39A:	
B.	Do you now smoke cigarettes (as of one month ago)?	1. Yes _____2. No _____ 3. Does not apply _____
C.	How old were you when you first started regular cigarette smoking?	Age in years _____ Does not apply _____
D.	If you have stopped smoking cigarettes completely, how old were you when you stopped?	Aged stopped _____ Check if still smoking _____ Does not apply _____
E.	How many cigarettes do you smoke per day now?	Cigarettes per day _____ Does not apply _____
F.	On the average of the entire time you smoked, how many cigarettes did you smoke per day?	Cigarettes per day _____ Does not apply _____
G.	Do you or did you inhale the cigarette smoke?	1. Does not apply _____ 2. Not at all _____ 3. Slightly _____ 4. Moderately _____ 5. Deeply _____
40A.	Have you ever smoked a pipe regularly? (Yes means more than 12 ounces of tobacco in a lifetime.)	1. Yes _____ 2. No _____
	If yes to 40A:	

FOR PERSONS WHO HAVE EVER SMOKED A PIPE

B.1.	How old were you when you started to smoke a pipe regularly?	Age _____
2.	If you have stopped smoking a pipe completely, how old were you when you stopped?	Age stopped _____ Check if still smoking pipe _____ Does not apply _____
C.	On the average over the entire time you smoked a pipe, how much pipe tobacco did you smoke per week?	_____ oz. per week (a standard pouch of tobacco contains 1-1/2 ounces) _____ Does not apply
	How much pipe tobacco are you smoking now?	oz. per week _____ Not currently smoking a pipe _____
E.	Do you or did you inhale the pipe smoke?	1. Never smoked _____ 2. Not at all _____ 3. Slightly _____ 4. Moderately _____ 5. Deeply _____

41A.	Have you ever smoked cigars regularly? (Yes means more than 1 cigar a week for a year.)	1. Yes _____ 2. No _____
	If yes to 41A:	

FOR PERSONS WHO HAVE EVER SMOKED CIGARS

B.1.	How old were you when you started smoking cigars regularly?	Age _____
2.	If you have stopped smoking cigars completely, how old were you when you stopped?	Age stopped _____ Check if still smoking cigars _____ Does not apply _____
C.	On the average over the entire time you smoked cigars, how many cigars did you smoke per week?	Cigars per week _____ Does not apply _____
D.	How many cigars are you smoking per week now?	Cigars per week _____ Check if not smoking cigars currently _____
E.	Do you or did you inhale the cigar smoke?	1. Never smoked _____ 2. Not at all _____ 3. Slightly _____ 4. Moderately _____ 5. Deeply _____

Signature _____ Date _____

PART 2
PERIODIC MEDICAL QUESTIONNAIRE

1. NAME _____
2. SOCIAL SECURITY # … … … … … … … … … …
   1 2 3 4 5 6 7 8 9
3. CLOCK NUMBER … … … … … …
   10 11 12 13 14 15
4. PRESENT OCCUPATION _____
5. PLANT _____
6. ADDRESS _____
7. _____
   (Zip Code)
8. TELEPHONE NUMBER _____
9. INTERVIEWER _____
10. DATE _____ … … … … … …
    16 17 18 19 20 21
11. What is your marital status? 1. Single _____ 4. Separated/
    2. Married _____ Divorced _____
    3. Widowed _____

12. **OCCUPATIONAL HISTORY**

12A. Have you ever worked full time (30 hours per week or more) for 6 months or more? 1. Yes_____ 2. No _____

If yes to 12A:

12 B. In the past, did you work in a dusty job? 1. Yes _____ 2. No _____ 3. Does not apply _____

12 C Was dust exposure: 1. Mild _____ 2. Moderate _____3. Severe _____

12 D In the past, were you exposed to gas or chemical fumes in your work? 1. Yes_____ 2. No _____

12 E Was exposure 1. Mild _____ 2. Moderate _____3. Severe _____

12 F. In the past year, what was your: 1. Job occupation? _____
2. Position/job title? _____

13. **RECENT MEDICAL HISTORY**

13A. Do you consider yourself to be in good health? Yes _____ No _____
If no, state reason _____

13B. In the past year, have you developed: Yes _____ No _____
Epilepsy? _____ Rheumatic fever? _____
Kidney disease? _____ Bladder disease? _____
Diabetes? _____ Jaundice? _____
Cancer? _____

14. **CHEST COLDS AND CHEST ILLNESS**

14A. If you get a cold, does it usually go to your chest? (Usually means more than 1/2 the time.) 1. Yes _____ 2. No _____ 3. Don't get colds _____

15A. During the past year, have you had any chest illnesses that have kept you off work, indoors at home, or in bed? 1. Yes _____2. No _____ 3. Does not apply _____

If yes to 15a:

15B. Did you produce phlegm with any of these chest illnesses? 1. Yes _____ 2. No _____ 3. Does not apply _____

15C. In the past year, how many such illnesses with (increased) phlegm did you have which lasted a week or more? Number of illnesses _____ No such illnesses _____

16. **RESPIRATORY SYSTEM**

In the past year have you had:

	Yes or No		Further Comment on Positive Answers
Asthma	_____	Bronchitis	_____
Hay fever	_____	Other allergies	_____

	Yes or No		Further Comment on Positive Answers
Pneumonia	_____	Tuberculosis	_____
Chest surgery	_____	Other lung	_____
Problems	_____	Heart disease	_____

Do you have:

	Yes or No		Further Comment on Positive Answers
Frequent colds	_____	Chronic cough	_____
Shortness of breath when walking or climbing one flight of stairs	_____		

Do you:

Wheeze _____ Cough up phlegm_____

Smoke cigarettes _____ Packs per day _____ How many years _____

Date _____ Signature _____

[Statutory Authority: RCW 49.17.040, [49.17.]050 and [49.17.]060. 97-01-079, 296-62-07741, filed 12/17/96, effective 3/1/97. Statutory Authority: Chapter 49.17 RCW. 87-24-051 (Order 87-24), 296-62-07741, filed 11/30/87. Statutory Authority: RCW 49.17.050(2) and 49.17.040. 87-10-008 (Order 87-06), 296-62-07741, filed 4/27/87.]